



ID # _____
Visit (check one) IFP/I ☐ 6
IFP/II ☐ 7
IFP/III ☐ 8

Brief Physical Activity Questionnaire

I would like to ask you some questions about your activities in the past month.

1. For the past month, about how often have you taken part in moderate physical activity (such as bowling, golf, light sports or physical exercise, gardening, taking long walks)?

More than 4 times a week ☐ 1
2-4 times a week ☐ 2
About once a week ☐ 3
2-3 times over the month ☐ 4
Rarely or never ☐ 5

2. For the past month, about how often have you taken part in vigorous physical activity (such as jogging, running, swimming, aerobics, strenuous sports)?

More than 4 times a week ☐ 1
2-4 times a week ☐ 2
About once a week ☐ 3
2-3 times over the month ☐ 4
Rarely or never ☐ 5

3. How does the amount of activity you have done for the past month compare with your usual physical activity level?

More active ☐ 1
Less active ☐ 2
About the same ☐ 3

Reviewed by (staff ID): _____
Entered by (staff ID): _____

Administration and Coding Instructions for Brief Physical Activity Questionnaire

Overview: The Brief Physical Activity Questionnaire should be administered during days 24-30 during each of the intervention feeding periods.

General Coding Instructions

- 1) Use correct version of form. The correct version will always be on the file server.
- 2) Use either black or blue pen on all forms, not pencil.
- 3) Make sure that there is either a legible name or correct ID # or both, if needed, on each page of a form. It is strongly suggested that you use a printed label for ID numbers.
- 4) Make sure each question is answered. Be sure to resolve any questions before the respondent leaves and before entering data.
- 5) All corrections are made by first making a slash through the incorrect entry and writing the correct entry next to it. Then, alongside the corrected entry, write your initials, the date of the correction and a note about why the correction was made (e.g., RL, 7/30/97, incorrect ID).
- 6) Flag any questions you are not sure of and give them to the clinic coordinator or dietitian for review.
- 7) When filling out the "Reviewed by" and "Entered by" box, be sure to use the correct staff ID number. The "Entered by" staff ID # should not be written until the form is entered.

ID #:

Place the label for the ID number that has been assigned neatly on the line and check to make sure the numbers and letters have been copied correctly. Assure that the ID # contains the first three letters of the participant's last name and the first two letters of the first name. If the letters in the ID # do not match the name of the participant, something is wrong and will need to be corrected before going further. .

Type of Visit:

Check in the appropriate box to designate whether form is completed during Intervention feeding period 1, Intervention feeding period 2, or Intervention feeding period 3.

Questions 1-3:

Check to make sure only one response is marked.

Reviewed by:

Record the Staff ID # of the person reviewing the form.

Entered by:

Record the Staff ID # of the person entering the data in the computer.